

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: BACTERIA TRAPPING FIBROUS
MATERIAL
Attorney Docket Number:: 2001-1241-1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: ARIE
Middle Name::
Family Name:: BESEMER
City of Residence:: AMERONGEN
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: BURG. JHR. H. V.D. BOSCHSTRAAT
111

City of Mailing Address:: AMERONGEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-3958 CE

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: DORINE
Middle Name:: LISA
Family Name:: VAN BRUSSEL-VERRAEST
City of Residence:: BODEGRAVEN
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: KOPEIND 1

City of Mailing Address:: BODEGRAVEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-2411 WG

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: ANNE-MIEKE
Middle Name::
Family Name:: VERWILLIGEN
City of Residence:: ZEIST
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: LAAN VAN VOLLENHOVE 479

City of Mailing Address:: ZEIST
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-3706 CN

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: GUNILLA
Middle Name::
Family Name:: HIMMELMANN
City of Residence:: MOLNLYCKE
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: ZARA BACKMANSVAG 8

City of Mailing Address:: MOLNLYCKE
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-435 42

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: SWEDEN
 Status:: Full Capacity
 Given Name:: KENT
 Middle Name::
 Family Name:: MALMGREN
 City of Residence:: SUNDSVALL
 State or Province of Residence::
 Country of Residence:: SWEDEN
 Street of Mailing Address:: HARMONIGATAN 11 C

 City of Mailing Address:: SUNDSVALL
 State or Province of Mailing Address::
 Country of Mailing Address:: SWEDEN
 Postal or Zip Code of Mailing Address:: SE-854 63

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: SWEDEN
 Status:: Full Capacity
 Given Name:: BO
 Middle Name::
 Family Name:: ANDREASSON
 City of Residence:: SUNDSVALL
 State or Province of Residence::
 Country of Residence:: SWEDEN
 Street of Mailing Address:: PARKGATAN 29

 City of Mailing Address:: SUNDSVALL
 State or Province of Mailing Address::
 Country of Mailing Address:: SWEDEN
 Postal or Zip Code of Mailing Address:: SE-852 38

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ~~SWEDEN~~ UNITED STATES
 Status:: Full Capacity
 Given Name:: CAROLYN
 Middle Name::
 Family Name:: BERLAND
 City of Residence:: MOLNDAL
 State or Province of Residence::
 Country of Residence:: SWEDEN
 Street of Mailing Address:: FURUGATAN 13

City of Mailing Address:: MOLNDAL
 State or Province of Mailing Address::
 Country of Mailing Address:: SWEDEN
 Postal or Zip Code of Mailing Address:: SE-431 36

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/440,028	1/15/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::